Rhode Island's Statewide Diabetes Outpatient Education (DOE) System

Dona Goldman
Joann Lindenmayer
Lonnie Beattie

Poster Presentation, CDC Diabetes Translation Conference 2002 (St. Louis MS, May 6-9, 2002)

Objective

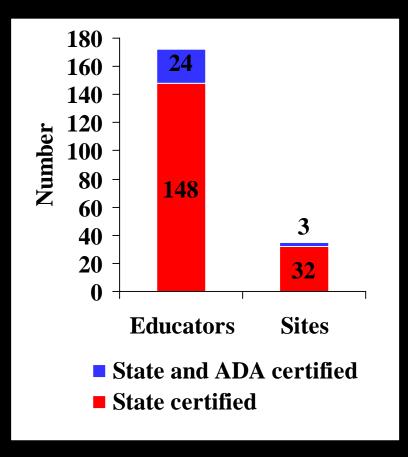
To describe the

- integration into the health care system
- accessibility
- standardization
- quality control
- institutionalization and
- evaluation
- of the Rhode Island DOE Program

Scope of Diabetes Education in Rhode Island

Rhode Island's diabetes education system includes

- 172 educators
 - all certified by State
 - 24 also certified by ADA
- 35 education sites
 - all certified by State
 - 3 also certified by ADA



Integrating DOE into the Health Care System

DOEs

serve in

11 hospitals

6 physician practices

6 pharmacies

→ 4 independent practices

3 senior centers

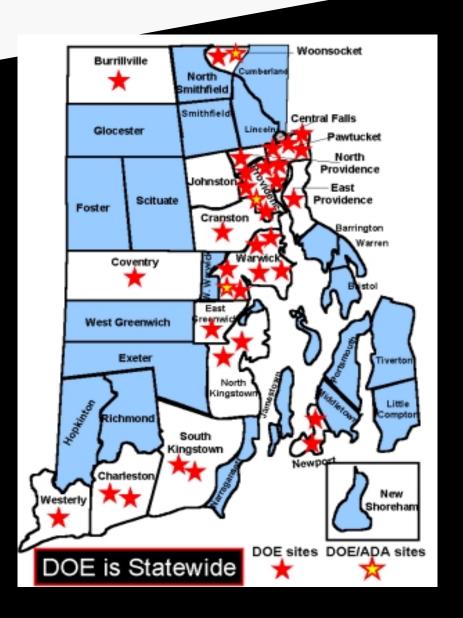
2 community health centers

2 nonprofit agencies

the VNA

Accessibility (1)

DOE is Statewide



Accessibility (2)

- In Rhode Island 46,000 people have been diagnosed with diabetes*
 - 267 people/educators (CDOEs and CDEs)
 - 1314 people/site
- In the US 10.7 million people have been diagnosed with diabetes**
 - 862 people/educator (CDEs)

^{*2000} RI BRFSS

^{**}Division of Diabetes Translation, CDC

Standardization

- The RI Diabetes Professional Advisory Committee (DPAC) oversees the DOE Board. Members include
 - Third party payers
 - Practitioners
 - Nonprofit organizations
 - Dept. of Health Programs primary care, obesity, diabetes

Standardization (2)

- The DOE Board
 - Develops the DOE curriculum
 - Organizes continuing education for educators
 - Oversees quality control of DOE education
 - Mentors DOE educators
 - Develops DOE policies
 - Markets DOE
- DOE reporting forms are standardized for intake and follow-up

Quality Control

- DOE application requirements
 - 3 years of experience as RN, RD or RPh
 - licensed to practice in Rhode Island
 - 12 hours of diabetes education experience
- DOE exams are validated by the American Nurses Association

Quality Control (2)

- Rigorous passing criteria
 - teaching practicum
 - observe a full DOE program
 - passing grade
 - attend 4 workshops
- Annual recertification
 - meet annual minimum number of contact hours
 - attend 2 of 4 DOE meetings/year
 - reexamination every 5 years

Institutionalization

- Rhode Island General Laws 27-18-28 (January 1997): Insurers operating in Rhode Island required to reimburse for diabetes education
 - Neighborhood Health Plan: \$65/individual session
 - Blue Cross/Blue Shield and United Health
 Plan: \$45/individual, \$22/group session

Institutionalization (2)

- RI Pharmacy Assistance for the Elderly (RIPAE)
 - 5,500 members are eligible for DOE education by a DOE-certified pharmacist
 - education is reimbursed by RIPAE

Institutionalization (3)

- DOE is integrated into all RIDCP Programs
 - TEAMWorks (group visit, team approach)
 - CHIP (Bureau of Primary Health Care lookalikes in community health centers)
 - Diabetes Information, Referral and Education Specialists (DIRES) refer community members for education
- Educators serve as channels for NDEP, influenza and standards of care

Evaluation

- Process
 - number of educators
 - number of people who received individual or group diabetes education overall and by age, ethnicity, race

Evaluation (2)

- Outcomes at 3, 6 months after session.
 Self-report of
 - HbA1c test and result
 - foot exam
 - blood pressure
 - dilated retinal exam
 - dental exam
 - flu and pneumovax

Evaluation (3)

- BRFSS diabetes core, diabetes module and state-added questions
 - self-report of diabetes education
 - ever
 - within the past 12 months
 - comparison of self-reported standards of care between respondents reporting diabetes education and those who reported none

Conclusions

Rhode Island's Diabetes Outpatient Education System is

- Integrated into all parts of the health care system
- Highly accessible to all people with diabetes in the State
- Standardized throughout the State

Conclusions (2)

- A high quality education system
- Institutionalized in state law, insurer reimbursement practices, and DCP programs
- Evaluated continuously for process and intermediate health outcomes